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Assistant Commissioner for Patents Washington, D.C. 20231

CERTIFICATE OF MAILING BY "EXPRESS MAIL"

Attorney Docket No. : GENENT.68A2D1

Applicant(s) : Jin, et al.

For : EFFECTS OF IFN-7 ON CARDIAC

HYPERTROPHY

Attorney: Ginger R. Dreger

"Express Mail"

Mailing Label No. : EL544355655US

Date of Deposit : November 16, 2000

I hereby certify that the accompanying Transmittal in Duplicate; Specification in 31 pages; 9 sheets of drawings; Preliminary Amendment in 6 pages; Copy of Declaration and Power of Attorney of prior application in 6 pages; copy of Associate Power of Attorney in 2 pages; Check of \$988 for Filing Fee; Return Prepaid Postcard are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and are addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

Jason Wrinkle

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Attorney Docket No.GENENT.68A2D1

Date: November 16, 2000

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ASSISTANT COMMISSIONER FOR PATENTS

WASHINGTON, D.C. 20231

ATTENTION: BOX PATENT APPLICATION

Sir:

Transmitted herewith for filing is the patent application of

Inventor(s): Jin, et al.

For: EFFECTS OF IFN-7 ON CARDIAC HYPERTROPHY

Enclosed are:

- (X) 12 sheet(s) of drawings.
- (X) A copy of an Associate Power of Attorney.
- (X) This application is a Divisional of prior parent application 09/273,099 filed March 19, 1999, based on provisional application Serial No. 60/080,448 filed on April 2, 1998.
- (X) A copy of Declaration and Power of Attorney from prior application is enclosed.
- (X) Incorporation by Reference. The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
- (X) Return prepaid postcard.
- (X) PRELIMINARY AMENDMENT is enclosed. Prior to calculating the filing fee, please enter the Preliminary Amendment

CLAIMS AS FILED

FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE
Basic Fee			\$710	\$710
Total Claims	31 - 20 =	11 ×	\$18	\$198
Independent Claims	4 - 3 =	1 × ·	\$80	\$80
If application contains any n	\$270	\$0		
TOTAL F		\$988.00		

- (x) A check in the amount of \$988.00 to cover the filing fee is enclosed.
- (X) The Commissioner is hereby authorized to charge any additional fees which may be required, now or in the future, or credit any overpayment to Account No. 11-1410. A duplicate copy of this sheet is enclosed.



Attorney Docket No.GENENT.68A2D1 Date: November 16, 2000

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(X) Please use Customer No. 20,995 for the correspondence address.

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